

## PROOF OF CLAIM

<b>Name of Debtor</b> Debit Corporation of America, Inc.		<b>Case Number</b> 04-14360 - BKC - AJC		<div style="text-align: right;">           04 JUN 23 PM 1:31            IMPORTANT: THIS CLAIM FORM            SHOULD ONLY BE USED BY THE            CREDITOR WHOSE NAME IS            PRINTED ON THIS CLAIM FORM.            U.S. BANKRUPTCY CT            SD OF FLA.            MIA - OFFICE         </div>	
<b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))					
<b>Name of Creditor</b> (The person or other entity to whom the debtor owes money or property): Patricia Husak & Robert Husak Name and Address where notices should be sent:  Patricia Husak Jersey State Insurance Service 1905 Route 33 Hamilton Square NJ 08690-1742  Telephone Number: 706-965-8639		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
<b>Account or other number by which creditor identifies debtor:</b> (If SS# only list last 4 digits of SS#):		<b>Check here if</b> <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____ <b>this claim</b>			
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Consumer Fraud</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: <u>XXX-XX-</u> Unpaid compensation for services performed from _____ to _____ (date) (date)			
<b>2. Date debt was incurred:</b> <u>May 22, 2003</u>		<b>3. If court judgment, date obtained:</b>			
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>69,000.00</u> + _____ + _____ = <u>69,000.00</u> (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)					
Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4.					
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.			
<b>6. Unsecured Nonpriority Claim</b> \$ <u>69,000.00</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY  <div style="font-size: 2em; text-align: center;">31</div>			
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>9. Supporting Documents:</b> Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages (See reverse for instructions) <b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.					
<b>Date</b> 6-22-04	<b>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):</b> <u>Patricia E. Husak</u> PATRICIA E. HUSAK				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.					



*Attn: Sandy Gold*

**WIRE TRANSFER AGREEMENT** Date: 06/30/2003

Customer desires to arrange with Sovereign Bank for the transfer of the Customer's funds to the Customer's own accounts and to the accounts of third parties which Sovereign Bank is willing to do under the terms and conditions set forth below.

**CUSTOMER INFORMATION**

Name: PATRICIA HUSAK

Account Number: 5721011912

Address: 11 CORNFLOWER LANE

Telephone Number: 609-588-5200

City/ State / ZIP Code / Country [required]

**WIRE INFORMATION**

Amount: 28823.00

Currency: \_\_\_\_\_

U.S. Equivalent [if applicable]

Reference: \_\_\_\_\_

**BENEFICIARY INFORMATION**

Name: SUNTRUST BANK OF FLORIDA NA

Account Number: 1000009249227

Address: DEBIT CORPORATION OF AMERICA

City/ State / ZIP Code / Country [required]

**BENEFICIARY BANK INFORMATION**

Name: SUNTRUST BANK OF FLORIDA

ABA Number: 061000104

Address: 1900 EAST HALLENDALE BEACH BLVD

Swift Code: \_\_\_\_\_

HALLENDALE FLORIDA 33009

Bank Code: \_\_\_\_\_

City/ State / ZIP Code / Country [required]

**INTERMEDIARY BANK INFORMATION [if applicable]**

Name: \_\_\_\_\_

ABA Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State / ZIP Code / Country [required]

**COMMUNITY BANKING OFFICE INFORMATION**

Office Name: ROBBINSVILLE

Office Number: 284

Team Member Name: TAMARA JAMES

Telephone Number: 609-259-3553

Authorized Signature: Tamara James

Authorized Team Member Number: 009

**CUSTOMER IDENTIFICATION**

Primary: NJ DLH94256176551362

Secondary: VISA

Tax Identification Number: 070-28-5124

Date of Birth: 01-06-1936

NOTE: REQUESTS FOR WIRE TRANSFERS WILL ONLY BE PROCESSED AGAINST AVAILABLE FUNDS. SOVEREIGN BANK RESERVES THE RIGHT TO CONVERT ANY U.S. DOLLARS SPECIFIED ABOVE TO LOCAL CURRENCY UNLESS EXPRESSLY INSTRUCTED OTHERWISE BY THE CUSTOMER.

The Customer affirms that he/she has fully read and agrees to the terms of this Agreement including, but not limited to, the Terms and Conditions set forth on the reverse hereof. If the undersigned is executing this Agreement on behalf of the Customer, the undersigned represents and warrants to Sovereign Bank that this Agreement is authorized by the Customer.

Customer's Signature: Patricia E Husak

Title [if applicable]: \_\_\_\_\_

**VERIFICATION [for use by Wire Services only]**

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

ROBERT H HUSAK  
PATRICIA E HUSAK  
11 CORNFLOWER DRIVE  
ROBBINSVILLE, NJ 08691

10-02

2061

050589565 400 022 MAY 1995

55-136/312  
49

Pay to the  
Order of

*Helix Corporation of America* \$ 8000.<sup>00</sup>/<sub>100</sub>  
*Eight Thousand* <sup>00</sup>/<sub>100</sub> Dollars

Commerce



Bank

America's Most Convenient Bank®  
1-800-YES-2000

For

*DEPOSIT*

*Patricia E Husak*

⑆031201360⑆

7855289059⑈

2061

⑆0000800000⑆

©Clarke American

MARCON SHEFFIELD™ WMSF

FRB-PHILA \*RCPD  
050589565 03100000  
050589565 05-27-05

SUNTRUST BANK  
ATLANTA, FL (R048 B10 P0)  
0606 48399

COMMERCE BANK  
05/27/95

IF YOU ARE THE PAYEE OF THIS CHECK, YOU MUST SIGN THE BACK OF THIS CHECK IN ORDER TO DEPOSIT IT. IF YOU ARE THE PAYOR OF THIS CHECK, YOU MUST SIGN THE BACK OF THIS CHECK IN ORDER TO DEPOSIT IT. IF YOU ARE THE PAYEE OF THIS CHECK, YOU MUST SIGN THE BACK OF THIS CHECK IN ORDER TO DEPOSIT IT. IF YOU ARE THE PAYOR OF THIS CHECK, YOU MUST SIGN THE BACK OF THIS CHECK IN ORDER TO DEPOSIT IT.

ORIGINAL  
10000924922

PAY TO THE ORDER OF  
SUNTRUST BANK  
FOR DEPOSIT ONLY  
BIT CORPORATION OF AMERICA INC  
10000924922  
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RECEIVED FOR FINANCIAL INSTITUTION USE

**PURCHASE ORDER**  
**DEBIT CORPORATION**  
**OF AMERICA, INC.**

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021  
Phone: (954) 981-4447 • Fax: (954) 981-4421  
Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# ~~000000~~ ~~000000~~ 003612  
County MERCER

Purchaser's Name ROBERT & PATRICIA HUSAK Date 5-31-03  
Purchaser's Address 11 CORNFLOWER DRIVE  
City ROBINVILLE State NJ Zip 08091  
Home Phone 609-448-6813 Business Phone 609-588-8707

No. of Sales  
Systems to ship: 10 30

Face Value of Prepaid MasterCard 33,000.00  
Activation Certificates to ship: 17000000

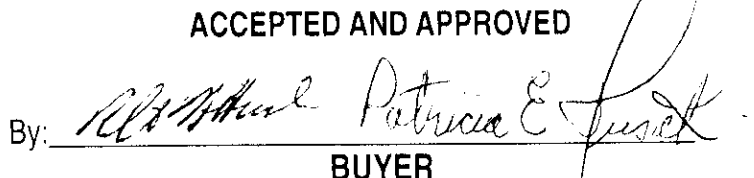
Purchase Price Sales Systems .....	\$ <u><del>36,200.00</del> 68,983</u>
Purchase Price of Additional Items .....	\$ <u>N/A</u>
Total .....	\$ <u><del>36,200.00</del> 68,983</u>
Sales Tax (FL Residents Only) .....	\$ <u>N/A</u>
Amount Paid .....	\$ <u><del>36,200.00</del> 68,983</u>

Special Provisions DISTRIBUTOR HAS THE RIGHT TO UPGRADE TO  
MASTER PLAN WITHIN 120 DAYS WITHOUT PENALTY. MASTER PLAN  
CONSIST OF 30 SALES SYSTEM, \$30,000.00 IN RETAIL INVENTORY & SERVICE  
LOCATED. COST IS \$75,000.00

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that **this sale is subject to the terms on the reverse of this Purchase Order.**

By:   
COMPANY OFFICER

ACCEPTED AND APPROVED

By:   
BUYER

AIN # BO2403

I have read and agree to the Terms and  
Conditions on the back of this Purchase Order.